



Local Hospitality Tax Form

Taxpayer: _____ Kiawah Business License #: _____

Street Address: _____ S.C. Tax I.D. #: _____

Computation of Hospitality Tax:

This return reports sales for the month of: _____

- | | |
|--|----------|
| 1. Gross Proceed of Sales
(All prepared food and beverages) | 1. _____ |
| 2. Line 1 X 1% (.01) | 2. _____ |
| 3. Balance Due | 3. _____ |
| 4. Penalty (10% if not filed by the 20 th day of the following month) | 4. _____ |
| 5. Total Hospitality Tax and Penalty Due | 5. _____ |

I attest that the information stated on this form is true and accurate and records are available to substantiate this information.

Signature

Date

Mail paper check and a copy of this form to the Town of Kiawah Island at 4475 Betsy Kerrison Parkway, Kiawah Island, SC 29455.